

# **Melrose Area Public School District**

## **District Address**

### **July 2025**

Minnesota laws encourage the use of positive behavioral supports and strategies and seek to reduce the use of physical holding and seclusion (restrictive procedures). Schools may only use restrictive procedures in response to an emergency situation where immediate intervention is needed to protect a child or other individual from physical injury. Emergency does not mean circumstances such as a child who does not respond to a task or request and instead places his or her head on a desk or hides under a desk or table or a child who does not respond to a staff person's request unless failing to respond would result in physical injury to the child or other individual; or an emergency incident has already occurred and no threat of physical injury currently exists. Restrictive procedures will not be used to punish or otherwise discipline a child.

**Melrose Area Public Schools** intends to use:

**Physical Holding** – physical intervention intended to hold a child immobile or limit a child's movement, where body contact is the only source of physical restraint, and where immobilization is used to effectively gain control of a child in order to protect a child or other individual from physical injury.

- Specific physical holds that staff are trained to use:
  - Handle with Care (HWC) holds

Additional Information about the use of physical holds:

- The term physical holding does not mean physical contact that:
  - a) Helps a child respond or complete a task;
  - b) Assists a child without restricting the child's movement;
  - c) Is needed to administer an authorized health-related service or procedure; or
  - d) Is needed to physically escort a child when the child does not resist or the child's resistance is minimal.
- A physical hold may be used only in response to behavior that constitutes an emergency, even if written into a child's IEP, IFSP, or BIP.
- An improper physical hold, a physical hold used by an unauthorized or untrained staff person and any reasonable force which intends to hold a child immobile or limit a child's movement where body contact is the only source of physical restraint will be reported as a physical hold.
- Each time a physical holding is used, the staff person who implements or oversees the physical holding documents, as soon as possible after the incident concludes, the following information:
  - a) a description of the incident that led to the physical holding;
  - b) why a less restrictive measure failed or was determined by staff to be inappropriate or impractical;
  - c) the time the physical holding began and the time the child was released;
  - d) a brief record of the child's behavioral and physical status; and

- e) a brief description of the post-use debriefing that occurred as a result of the use of the physical hold
- The school will make reasonable efforts to notify the parent on the same day a restrictive procedure is used on the child, or if the school is unable to provide same-day notice, notice will be sent within two days by written or electronic means or as otherwise indicated in the Student's IEP.

**Seclusion** – confining a child alone in a room from which egress is barred. Egress may be barred by an adult locking or closing the door in the room or preventing the child from leaving the room.

Melrose Areas Schools does not have any seclusion rooms registered with MDE:

In order to be registered, the school must verify that a seclusion room:

- be at least six feet by five feet;
- be well lit, well ventilated, adequately heated, and clean;
- have a window that allows staff to directly observe a child in seclusion;
- have tamperproof fixtures, electrical switches located immediately outside the door, and secure ceilings;
- have doors that open out and are unlocked, locked with keyless locks that have immediate release mechanisms, or locked with locks that have immediate release mechanisms connected with a fire and emergency system;
- not contain objects that a child may use to injure the child or others; and
- the school has received written notice from local authorities that the room and the locking mechanisms comply with applicable building, fire, and safety codes.

Additional information about the use of seclusion:

- An improper use of seclusion, seclusion used by an unauthorized or untrained staff person and any reasonable force which intends to confine a child alone in a room from which egress is barred will be reported as seclusion.
- Seclusion may be used only in response to behavior that constitutes an emergency, even if written into a child's IEP, IFSP, or BIP.
- Each time seclusion is used, the staff person who implements or oversees seclusion documents, as soon as possible after the incident concludes, the following information:
  - a) a description of the incident that led to the seclusion;
  - b) why a less restrictive measure failed or was determined by staff to be inappropriate or impractical;
  - c) the time the seclusion began and the time the child was released;
  - d) a brief record of the child's behavioral and physical status; and
  - e) a brief description of the post-use debriefing that occurred as a result of the use of the physical hold or seclusion
- The school will make reasonable efforts to notify the parent on the same day a restrictive procedure is used on the child, or if the school is unable to provide same-day notice, notice will be sent within two days by written or electronic means or as otherwise indicated in the Student's IEP.

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## Prohibitions

**Melrose Area Public Schools** staff are prohibited from using the following actions or procedures:

1. engaging in corporal punishment - conduct involving: (1) hitting or spanking a person with or without an object; or (2) unreasonable physical force that causes bodily harm or substantial emotional harm.
2. requiring a child to assume and maintain a specified physical position, activity, or posture that induces physical pain;
3. totally or partially restricting a child's senses as punishment;
4. presenting an intense sound, light, or other sensory stimuli using smell, taste, substance, or spray as punishment;
5. denying or restricting a child's access to equipment and devices such as walkers, wheelchairs, hearing aids, and communication boards that facilitate the child's functioning, except when the temporary removal of the equipment or device is needed to prevent injury to the child or others or serious damage to the equipment or device, in which case the equipment or device shall be returned to the child as soon as possible;
6. interacting with a child in a manner that constitutes sexual abuse, neglect, or physical abuse as those terms are defined in chapter 260E;
7. withholding regularly scheduled meals or water;
8. denying access to bathroom facilities;
9. physical holding that restricts or impairs a student's ability to breathe, restricts or impairs a student's ability to communicate distress, places pressure or weight on a student's head, throat, neck, chest, lungs, sternum, diaphragm, back, or abdomen, or results in straddling a child's torso; and
10. prone restraint.
11. the use of seclusion on children from birth through grade 3 by September 1, 2024.

## Implementation of a Range of Positive Behavior Strategies

Positive behavioral interventions and supports are interventions and strategies to improve the school environment by teaching children the skills to prevent problem behavior, providing instruction and support for positive and prosocial behaviors, and supporting social, emotional, and behavioral needs for all students. Staff will implement a range of positive behavior strategies as a proactive approach to addressing student needs and teaching positive behavior skills by:

1. establishing, defining, teaching, and practicing three to five positively stated schoolwide behavioral expectations that are representative of the local community and cultures; Positive Behavior Interventions and Supports and Teacher Child Interaction Training (TCIT) are used.

2. developing and implementing a consistent system used by all staff to provide positive feedback and acknowledgment for students who display schoolwide behavioral expectations; Positive Behavior Interventions and Supports and Teacher Child Interaction Training (TCIT) are used.
3. developing and implementing a consistent and specialized support system for students who do not display behaviors representative of schoolwide positive expectations; small group interventions as well as class-wide Social Emotional Learning (SEL) strategies through Second Step or Be Good People to support students.
4. developing a system to support decisions based on data related to student progress, effective implementation of behavioral practices, and screening for students requiring additional behavior supports; there are teams available to support teachers with students who do not display behaviors representative of schoolwide positive expectations. In addition, teachers complete surveys regarding students' social-emotional skills that are used to determine who requires additional support.
5. using a continuum of evidence-based interventions that is integrated and aligned to support academic and behavioral success for all students; and small group interventions as well as class-wide Social Emotional Learning (SEL) strategies through Second Step or Be Good People to support students.
6. using a team-based approach to support effective implementation, monitor progress, and evaluate outcomes. Problem solving and child study teams are utilized.

## Mental Health Resources

To obtain mental health services or a referral to a mental health service provider, families should contact their primary care clinic, physician or insurance provider. Below is a list of additional mental health resources.

- [Children's Mental Health Division of the Minnesota Department of Human Services \(DHS\)](#): administers policy and practice to ensure effective and accessible mental health services and supports for children and families in Minnesota. The division works together with many public and private partners across the state so that children and youth with mental health needs can develop and function as fully as possible in all areas of their lives. DHS is committed to making sure the right services are available at the right time for children with mental health needs and their families.
- Children's Mental Health Crisis Response Services (CRS)
  - Crisis Text Line offers free help for those who are having a mental health crisis or are contemplating suicide. Services are available 24/7 across Minnesota. Text "MN" to 741741.
  - Call \*\*CRISIS (\*\*274747) from a cell phone to talk to a team of professionals who can help you.

**NAMI Minnesota** provides support by helping people connect with needed resources and information. An extensive list of resources was gathered to make it easier for people to locate possible sources of help as they navigate through various systems that interface with mental health. You can find that list on the [NAMI Information and Resources web page](#).

School Social Workers, Counselors or Mental Health Professionals or Mental Health Practitioners will be assigned to each building to provide links to mental health services.

## Staff Training on De-Escalation

The school ensures that staff are trained to identify and appropriately address the needs of all students. Staff who may respond to emergencies are specifically trained in the following skills and knowledge areas:

1. positive behavioral interventions; Positive Behavior Intervention and Supports (PBIS) and Teacher Child Interaction Training (TCIT).
2. communicative intent of behaviors; Positive Behavior Intervention and Supports (PBIS) and Teacher Child Interaction Training (TCIT).
3. relationship building; Positive Behavior Intervention and Supports (PBIS) and Teacher Child Interaction Training (TCIT).
4. alternatives to restrictive procedures, including techniques to identify events and environmental factors that may escalate behavior; Behavioral assessment/observation.
5. de-escalation methods; Handle with Care.
6. standards for using restrictive procedures only in an emergency; Handle with Care.
7. obtaining emergency medical assistance; school nurse and 911.
8. the physiological and psychological impact of physical holding and seclusion; Handle with Care, Restrictive Procedures Oversight committee meetings.
9. monitoring and responding to a child's physical signs of distress when physical holding is being used; Handle with Care.
10. recognizing the symptoms of and interventions that may cause positional asphyxia when physical holding is used; Handle with Care.
11. district policies and procedures for timely reporting and documenting each incident involving use of a restricted procedure; team meetings, debriefings.
12. schoolwide programs on positive behavior strategies. Positive Behavior Intervention and Supports (PBIS) and Teacher Child Interaction Training (TCIT).

The school maintains documentation of staff training by Handle with Care training documentation.

## Monitoring the Use of Restrictive Procedures:

The school will monitor and review the use of restrictive procedures by:

- Conducting post-use debriefings following the use of a restrictive procedure; Completing the “Staff Debriefing Meeting: Physical Holding” form.
- Convening an oversight committee to review the use of restrictive procedures each quarter. The oversight committee will identify and address patterns or problems indicated by:

- similarities in the time of day, day of the week, duration of the use of a procedure, the individuals involved, or other factors associated with the use of restrictive procedures;
- the number of times a restrictive procedure is used schoolwide and for individual children;
- the number and types of injuries, if any, resulting from the use of restrictive procedures;
- whether restrictive procedures are used in nonemergency situations;
- the need for additional staff training;
- proposed actions to minimize the use of restrictive procedures;
- any disproportionate use of restrictive procedures based on race, gender, or disability status;
- the role of the school resource officer or police in emergencies and the use of restrictive procedures; and
- documentation to determine if the standards for using restrictive procedures as described Minnesota Statutes 125A.0941 and 125A.0942 have been met.
- The oversight committee includes the below members, which are updated annually:
  - **Aly Hopfer**, school psychologist;
  - **Liz Polipnick**, expert in positive behavior strategies;
  - **Brenna Luethmers**, special education administrator;
  - **Terryl Pearson**, general education administrator;
  - **Robert Anderson**, general education administrator;
  - **Kelly Neu**, general education administrator;
  - **Josh Meyer**, special education teacher;
  - **Jordan Welle**, special education teacher, Handle with Care Trainer;
  - **Rachel Gerads**, School Social Worker;
  - **Mikayla Moritz**, special education teacher, Handle with Care Trainer;